

**WHAT ARE
THE FACTS ABOUT
MENTAL ILLNESS?**

FACTS COMPILED IN JANUARY, 1957
BY THE
NATIONAL COMMITTEE AGAINST MENTAL ILLNESS, INC.
(FORMERLY NATIONAL MENTAL HEALTH COMMITTEE)
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MENTAL ILLNESS
IN THE UNITED STATES?

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WHAT ARE THE FACTS ABOUT MENTAL ILLNESS IN THE UNITED STATES?

HOW MANY PEOPLE IN THE UNITED STATES ARE SUFFERING FROM SOME FORM OF MENTAL ILLNESS?

1. An estimated 16,000,000 people in the United States are suffering from some form of mental illness. (1)
 - a. This means that one in every 10 persons is now suffering from some form of mental illness.
2. Mental illness or other personality disturbances are usually significant factors in criminal behavior, delinquency, suicide, alcoholism, narcotics addiction, and very often in cases of divorce. (11)
 - a. About 1,750,000 serious crimes are committed a year. (11)
 - b. About 50,000 people are addicted to narcotics. (11)
 - c. There are estimated to be 3,800,000 problem drinkers in the United States, 950,000 of whom are people with severe chronic alcoholism. (11)
 - d. 16,200 people committed suicide in 1955. (9)
 - (a) In a study of student deaths at Yale University from 1920 through 1955, suicide was the second leading cause of death (accidents were the first cause of death). (13)
 - e. For every 4 marriages a year, there is one divorce. (11)
 - f. About 265,000 children between the ages of 7 and 17 are brought to juvenile courts each year - 1.2% of approximately 22,000,000 children in that age group. (11)

II. HOW MANY CHILDREN ARE RECEIVING TREATMENT FOR MENTAL DISORDERS?

1. Mental illness takes a large toll amongst children and teenagers. (3)
2. An estimated 10% of public school children in the United States are emotionally disturbed and need mental guidance, according to a recently completed study of the Columbia University Department of Psychiatry. However, the report states that the majority of schools lack the trained personnel or facilities to aid these disturbed children. (4)
3. At least 200,000 children with less serious disorders receive treatment each year at mental health clinics throughout the country. (3)

III. HOW MANY ADULTS AND CHILDREN ARE MENTALLY RETARDED?

1. Approximately 4,800,000 children and adults are mentally retarded - about 3% of our entire population. (7)
2. Three children out of every 100 born are destined to be mentally retarded. (7)

IV. HOW MANY PEOPLE NEED HOSPITALIZATION FOR MENTAL ILLNESS?

1. Slightly more than one out of every two hospital beds in the United States is occupied by a mental patient. (10)
2. 740,295 or 54% of the 1,363,024 patients comprising the average daily hospital census in 1955 were patients in psychiatric hospitals. (10)
3. 74% of all State mental hospitals are overcrowded. (12)

4. 443,339 new and returned patients were admitted to mental hospitals and psychiatric units of general hospitals in 1954. (53)
5. Each year about 290,000 new patients are admitted to mental hospitals and psychiatric units of general hospitals. (53)
6. There are more people in hospitals for mental illness than for polio, cancer, heart disease, tuberculosis and all other diseases combined. (3)
7. During the past year, some 2-1/2 million men, women and children were treated for some form of mental disorder in mental hospitals, psychiatric clinics or by private psychiatrists but facilities and trained personnel are inadequate to meet demands. (3)

V. HOW MANY PEOPLE ARE IN ALL TYPES OF PUBLIC MENTAL HOSPITALS?

1. 97.8% of all mental patients are in public hospitals (state, county, city, Veterans Administration hospitals). (10) Only about 2.2% of mental patients are cared for in private hospitals. (10)

VI. WHAT IS THE EXTENT OF MINOR MENTAL ILLNESS?

1. About 50% of general practitioners' patients suffer from some form of mental illness. (12)
2. About 30% of hospitalized general medical and surgical cases are more or less neurotic. (14)
3. Of all the patients who go to general hospitals for treatment for physical ailments annually, it is estimated that 6 million are suffering from serious

mental and emotional illnesses which are partly responsible for their physical complaints. (3)

VII. WHAT DOES AMERICAN INDUSTRY LOSE BECAUSE OF MENTAL ILLNESS?

1. According to a survey completed in 1954 by the Menninger Foundation, emotional ills in industry cost this nation billions of dollars in productivity each year. (4)
 - a. Absenteeism costs more than \$9 billion a year. (4)
 - b. Accidents, 80% to 90% due to psychological causes, cost an untold sum. (4)
 - c. Alcoholism represents a loss to industry in excess of a billion dollars. (4)

One out of every 50 workers is a problem drinker and 89% of these are in the 35-55 year range. (4)

VIII. WHICH MENTAL ILLNESSES AFFECT THE GREATEST NUMBER OF PEOPLE?

1. About 24% of first admissions to public mental hospitals in 1953 were patients with schizophrenia. (44)
 - a. Because of the relative youth of schizophrenic patients on admission to hospitals and their relatively low death rate, those schizophrenic patients who are not discharged tend to accumulate from year to year and to make up a great part of mental hospital populations.

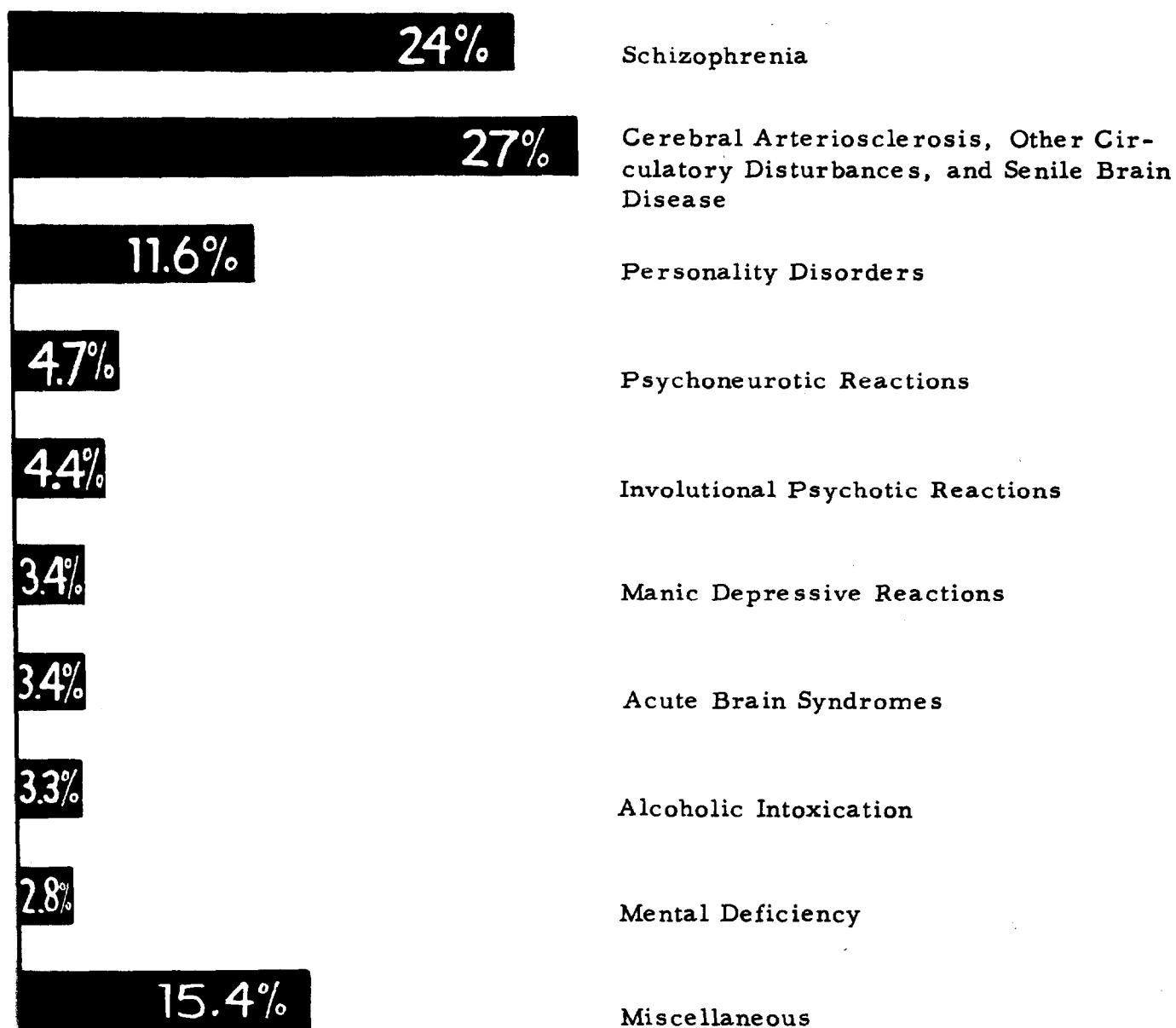
In New York State mental hospitals, they make up about 57% of the patient population. (27)

2. About 27% of all new admissions to public mental hospitals are patients with cerebral arteriosclerosis, other circulatory disturbances, and senile brain disease. (44)
 - a. Patients with cerebral arteriosclerosis and senile psychosis, because of their high death rate, make up about 13% of the resident population of these mental hospitals. (44)
3. Other causes of first admissions to state mental hospitals include: (44)

Personality disorders	- about 11.6% of all new admissions
Psychoneurotic reactions	- about 4.7% of all new admissions
Involutional psychotic reactions	- about 4.4% of all new admissions
Manic depressive reactions	- about 3.4% of all new admissions
Acute brain syndromes	- about 3.4% of all new admissions
Alcoholic intoxication	- about 3.3% of all new admissions
Mental deficiency	- about 2.8% of all new admissions
4. The remaining 15.4% include a variety of other disorders no one of which alone has a very high incidence. (44)

PERCENTAGE OF FIRST ADMISSIONS TO PUBLIC MENTAL

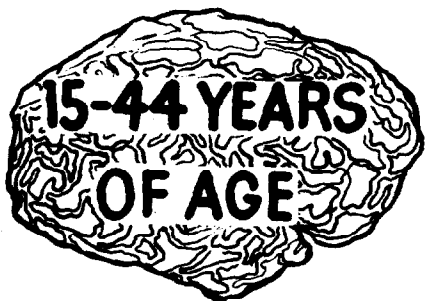
HOSPITALS BY CAUSE -- 1953



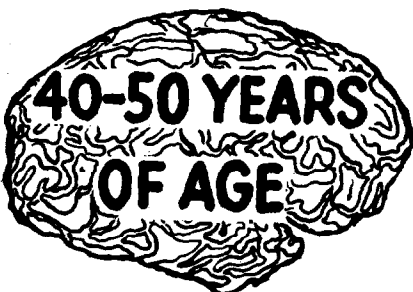
IX. IN WHAT AGE GROUPS DO VARIOUS TYPES OF MENTAL DISORDERS
TAKE THEIR GREATEST TOLL?

1. Very few cases of psychosis occur before the age of 15. (11)
 - a. Of all new admissions a year to state mental hospitals: (11)
 - (a) Less than 1% are under 15 years of age
 - (b) About 16% are between 15 and 29
 - (c) About 45% are between 30 and 59
 - (d) About 38% are 60 and older.
2. In the age range 15-44 years, schizophrenia and manic-depressive psychoses predominate. (2)
3. During the next decade of life (40-50), the involutional psychoses and alcoholic psychoses attain considerable importance. (2)
4. In the sixties, psychoses with cerebral arteriosclerosis and senile psychoses assume prominence, and these mental diseases of the senium continue to rise until the end of the life span. (2)

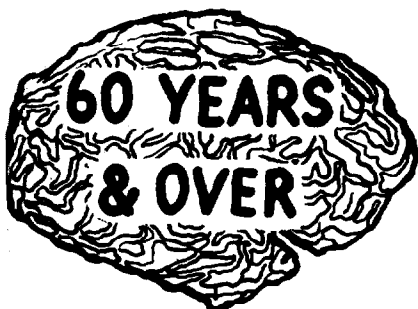
MENTAL ILLNESS ACCORDING TO AGE GROUPS



Schizophrenia and
Manic-Depressive
Psychoses



Involucional Psychoses
and Alcoholic Psychoses



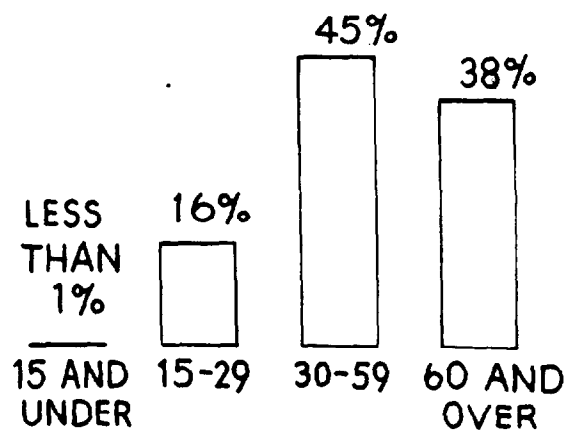
Cerebral Arteriosclerosis
and Senile Psychoses

NEW ADMISSIONS INTO MENTAL INSTITUTIONS

IN THE FOLLOWING

AGE GROUP

PERCENTAGES



X. WHAT IS THE NEED FOR PSYCHIATRIC CARE IN THE UNITED STATES?

1. One out of every ten persons will spend some part of his life in a mental hospital. (52)
 - a. This means that about 16,000,000 people now living in the United States will be hospitalized for mental illness at one time or another, unless new treatments and cures are found.

XI. WHAT IS THE COST OF CARE AND MAINTENANCE OF THE MENTALLY ILL IN PUBLIC MENTAL HOSPITALS?

1. Total maintenance expenditures of public mental hospitals in fiscal 1956 were \$662,146,372. (42)

XII. WHAT IS THE COST OF MENTAL ILLNESS TO THE VETERANS ADMINISTRATION?

Mental illness is presently costing the Veterans Administration about \$522 million annually:

1. The cost of care and maintenance of 60,293 neuro-psychiatric patients in Veterans Administration hospitals in 1956 was \$238,000,000. (25)
 - a. Of these 60,293 neuropsychiatric patients, which represent the 1956 average daily neuro-psychiatric patient load:
 - 52,172 were classified as psychotic;
 - 3,992 were patients with other psychiatric conditions;
 - 4,129 were neurological patients. (25)
2. As of June 30, 1956, 379,465 veterans were receiving compensation or pension payments where the only or major disability was classified as mental

illness or psychoneurotic disorder. The annual value of these awards was \$284,240,844. (46)

3. The estimated cost of construction of new Veterans Administration hospitals for psychiatric and neurologic patients between 1947 and 1955 was \$121,184,229. (16)

XIII. WHAT IS THE COST OF NEW CONSTRUCTION AND REMODELING OF STATE MENTAL HOSPITALS?

1. Total amounts appropriated for new construction, additions and renovations to mental hospital facilities as reported by state authorities, as of November, 1955, totaled \$750,000,000. (15)

XIV. HOW MUCH IS BEING SPENT BY PUBLIC INSTITUTIONS FOR CARE OF MENTAL DEFECTIVES AND EPILEPTICS?

1. During 1953, expenditures of public institutions caring for mental defectives and epileptics totaled \$157,908,029. (36)
 - a. There were 121,855 mental defectives and epileptics in the average daily resident-patient population in these public institutions, in 1953. Of this total, 106,783, or 87% were mental defectives and 15,072 were epileptics. (36)

XV. WHAT IS THE ESTIMATED COST OF PUBLIC ASSISTANCE TO MENTALLY ILL AND DEFECTIVE PERSONS?

1. According to the Bureau of Public Assistance of the Social Security Administration, a 1951 study of aid to the permanently and totally disabled disclosed that 11% of the cases were mentally ill and defective persons. (2)
Assuming the estimated 1956 case load of 248,000 is similar in composition, 27,280 persons with mental illness or defect receive public assistance from the Federal Government amounting to \$18,303,360. per year. (47)

XVI. WHAT IS THE LOSS OF EARNINGS OF THOSE PEOPLE ADMITTED TO MENTAL HOSPITALS?

1. If the 443,339 people who were admitted to mental hospitals in 1954 alone earned the 1955 average money income of approximately \$4,650 (8), their total earned income in one year alone would have amounted to a little more than \$2 billion. (\$2,061,526,350)

XVII. WHAT WAS THE LOSS IN ADDITIONAL INCOME TAX REVENUE TO THE FEDERAL GOVERNMENT DUE TO MENTAL ILLNESS?

1. If these 443,339 people had been employed, the Government would have gained over \$271,000,000 in additional Federal income taxes in one year alone. (8)

XVIII. IN SUMMARY, WHAT IS THE OVER-ALL DIRECT COST OF MENTAL ILLNESS
IN THE UNITED STATES TODAY?

1. It is estimated that mental illness costs annually approximately

\$4,172,124,955. This includes:

- | | |
|--|----------------|
| a. Total maintenance expenditures of public mental hospitals for fiscal 1956 (42) | \$662,146,372. |
| b. Estimated cost of care and maintenance of 60,293 neuropsychiatric patients in Veterans Administration Hospitals (1956) (25) | 238,000,000. |
| c. Veterans Administration compensation & pension payments to veterans whose only or major disability was classified as a mental illness or psychoneurotic disorder in 1956 totaled (46) | 284,240,844. |
| Estimated cost of construction of new Veterans Administration hospitals for psychiatric and neurologic patients 1947-1955 totals \$121,184,229 (16) | |
| d. Total amounts appropriated for new construction, additions & renovations to mental hospital facilities, as reported by state authorities, as of November, 1955 (15) | 750,000,000. |
| e. Expenditures of public institutions for mental defectives & epileptics (1953 latest year for which information is available) (36) | 157,908,029. |
| f. Cost of public assistance to mentally ill and defective persons (47) | 18,303,360. |
| g. 1955 loss in earnings of patients admitted to mental hospitals in 1954 (8) | 2,061,526,350. |

The loss to the Federal Government in Federal income tax revenue on these lost earnings totaled \$271,000,000 in 1955 (8)

\$4,172,124,955.

XIX. WHAT IS THE TOTAL COST OF MENTAL ILLNESS PER PATIENT IN THE UNITED STATES?

1. The average length of stay of a mental patient in a State mental hospital is 8 years. (18)

The per capital cost in 1956 per resident patient in a public mental hospital was about \$1,190 or an average of about \$3.26 per day. (42)

- a. Thus, the 740,295 patients comprising the average daily mental hospital census in 1955 will cost over the average length of their stay in a mental hospital (8 years) about \$7,047,000,000, instead of being able to earn during the 8 years over \$27,000,000,000 in wages and paying over \$453,000,000 per year or a total of over \$3.6 billion in Federal income taxes on these earnings if their illness could have been prevented or cured before the need for hospitalization (Computation based on figures given in Reference (8))

X. HOW MANY HOSPITALS FOR MENTAL DISEASE ARE THERE IN THE UNITED STATES?

1. About 586 hospitals. The average daily hospital census of mental patients in 1955 was 740,295. (10)
2. Mental hospitals have only about 56% of the number of beds needed to give patients good care. (3)
3. 94% of our mental hospitals do not merit the unconditional approval of the American Psychiatric Association. (17)

- a. Of 124 hospitals inspected by a committee of the American Psychiatric Association, which provides states with an inspection service upon request:

Only 8 merited approval
31 merited conditional approval
85 did not reach even the minimum standards of safety and quality. (3)

4. New space is needed for some 352,000 beds to relieve the overcrowding and to replace unacceptable accommodations. (3)
5. As of June 30, 1956, 96 mental hospitals have been erected with Hill-Burton Act funds, at a total construction cost of \$86,310,458. (45)
- a. These 96 hospitals represent 3.1% of the total of all hospitals erected in this period with Hill-Burton Act funds. (45)
6. As a group, the mental hospitals had 48% of the bed capacity, but only 1.7% of total hospital admissions for all types of illness in 1955 in all registered hospitals. (10)
7. Mental hospitals had 54% of the total average daily census in 1955 reported in all registered hospitals. (10)
8. The Veterans Administration reported in 1955 that 16,000 former servicemen are awaiting admission to V.A. hospitals for treatment of mental disorders because of a shortage of facilities and specialists to treat such patients. (32)



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XXI. HOW MANY CLINICS FOR MENTAL DISEASE ARE THERE IN THE UNITED STATES?

1. There are only about 1,200 clinics in the United States. (3)
 - a. About half of these give only part-time service. (3)
2. More than half the clinics are located in the northeastern portion of the country which contains only 1/4 of the population. (3)
3. There should be at least one clinic for every 50,000 in the population, or about 3,300 full-time clinics. (3)
 - a. It is estimated we are lacking 81% of the full-time clinics that we need. (17)
4. Almost all mental health clinics have waiting lists of from 3 months to a year. (52)

XXII. HOW MUCH IS THE UNITED STATES PUBLIC HEALTH SERVICE SPENDING FOR ESTABLISHMENT OF MENTAL HEALTH CLINICS AND SERVICES THROUGH THE NATIONAL MENTAL HEALTH INSTITUTE?

1. \$4,000,000 has been allotted for Grants-in-Aid to states for the fiscal year 1957, beginning July 1, 1956. (20)
 - a. These funds are to be matched by state funds at the rate of 50 cents for each Federal dollar. (21)

XXIII. HOW MUCH IS BEING SPENT FOR RESEARCH ON MENTAL HEALTH BY
THE STATES AND BY THE MAJOR FEDERAL AND NATIONAL VOLUNTARY
AGENCIES INTERESTED IN MENTAL HEALTH?

1. Approximately \$27,265,577 is spent, divided approximately as follows:

a. Federal Funds: - \$15,353,000:

(a) <u>National Institute of Mental Health,</u> U. S. Public Health Service, fiscal year 1957:			
Intra-mural research	\$4,896,000		
Research projects (grants- in-aid)	8,572,000		
Research fellowships	<u>647,000</u>	\$14,115,000(20)	

- (b) The Veterans Administration does not support research outside of its own hospitals except to a very limited extent. However, mental health research within the Veterans Administration hospital system has increased significantly in the past 2 years. Noteworthy among the V.A.'s newer efforts are studies on the tranquilizing drugs which are being carried on in 30 hospitals, and a psychiatric therapy testing program geared to evaluating all therapies for the treatment of mental illness. (5)

For fiscal 1957, the Veterans Administration received increased appropriations to expand its medical research program, totaling \$10,000,000. (19) For neuro-psychiatric research during fiscal 1957, the Veterans Administration spent

1,238,000(54)

Total Federal Funds	\$15,353,000
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b. Non-federal Funds:- \$11,912,577:

- | | | |
|-----|---|----------------|
| (a) | <u>National Association for Mental Health, 1955</u> | \$ 126,074(22) |
| (b) | <u>The Foundations' Fund for Research in Psychiatry (New Haven, Connecticut) during year July 1, 1955 to June 30, 1956</u> | 421,133(49) |
| (c) | <u>From the \$15 million Ford Foundation allocation approved in March 1955 for developing a program of mental health research & training, grants totaling \$6,826,850 have been allocated as of June, 1956, for research over the next 5 years (50). On a per annum average, this would mean the expenditure during the year of</u> | 1,365,370(50) |
| (d) | <u>Funds of 48 States, 1956 estimate</u> | 10,000,000(48) |

Total Non-Federal Funds \$11,912,577

2. On the basis of 740,295 (10) patients in psychiatric hospitals in 1955, this would indicate that the amount spent for research per individual hospital case, employing Federal, State, national voluntary health agency, and other private funds, is only approximately \$3.00.

3. In contrast to the approximate total of \$27,265,577 currently being spent for research against mental illness:

- a. The Nation spent \$10,129,000,000 - OVER 400 TIMES AS MUCH - for alcoholic beverages alone in 1955 (24), an average of \$61.76 annually for each man, woman and child. We are spending about 16¢ annually per each man, woman and child in the United States for research against mental illness.

- b. Mental illness is costing the Nation over \$4,000,000,000 annually.
Yet our annual research investment to combat this toll is less than one percent of this cost.
- c. The Standard Oil Company (New Jersey), through its affiliates (chiefly the Esso Research and Engineering Co.) spent \$35,300,000 for expanded research in 1955. (43)

XXIV. HAS MEDICAL RESEARCH PAID OFF FOR ANY MENTAL ILLNESS?

YES!

1. The tranquilizing drugs (Reserpine, Chlorpromazine, Meproamate, etc.) are triggering "a profound revolution in state mental hospitals all over the nation". (Minneapolis Tribune, July 15, 1956) The Minneapolis Tribune sent questionnaires to mental health officials in 48 states, seeking their evaluation of the therapeutic impact of the new drugs. Here are some of the highlights from the 41 states which replied: (6)

NEW YORK STATE

Between April, 1955 and April, 1956, there was a 23% increase in discharges from mental hospitals.

"For the past 10 years, our hospitals have been growing by about 2,000 patients each year," wrote Dr. Paul Hoch, mental health commissioner. "On March 31, 1956, however, there were 500 fewer patients in state hospitals than on March 31, 1955."

Dr. Hoch also believes the drugs have cut the relapse rate - the number of patients who must return to the hospital. "With use of the drugs, it's our impression that we have cut the relapse rate, but it will be a while before we know exactly how much."

MARYLAND

Dr. Clifton T. Perkins, mental hygiene commissioner: The tranquilizing drugs have "opened a new and encouraging era in the treatment of the mentally ill". In one hospital, almost 10% of chronic patients can go back to the community as soon as proper social service and rehabilitation outlets can be arranged. And in another Maryland hospital, the foster care placement of patients increased 43% over last year.

Dr. Perkins also stressed the fact that state mental hospitals were benefitting from the widespread use of the drugs by family physicians and specialists in private practice. "Undoubtedly, the widespread use by community physicians played an important part in the trend which substantially reduced the current hospital population far below our best estimates of a year and a half ago," he wrote.

MINNESOTA

Dr. Dale Cameron, Medical Director, State Welfare Department:

More patients are going home from Minnesota's eight state mental hospitals than at any time in recent years. And for the first time, the backwards for disturbed patients are not crowded. The bed shortage is now on the "open wards", designed for patients participating in work, treatment and other hospital activities.

Even though the drugs have only been used for about two years in the Minnesota hospitals, discharge rates have risen dramatically. During the second six months of 1955, when drug usage was stepped up, almost 3 times as many patients went home primarily because of the drugs than had been discharged in the previous six months.

OHIO

Dr. John D. Porterfield, former director, Department of Mental Hygiene and Corrections: "Our discharge rate has increased in the last year to the point where, for the first time in our history, in spite of increasing admission rates, our population levels show a very slight decrease instead of an increase."

TENNESSEE

Dr. C. J. Ruilmann, mental health commissioner: "It is very clear that since the drugs came into use, discharge rates have climbed steadily."

SOUTH DAKOTA

Dr. Cecil G. Baker, Superintendent, Yankton State Hospital: Discharge rates increased and a considerable number of patients have gone home who had been hospitalized for prolonged periods, some as long as 10 to 20 years.

KENTUCKY

Dr. Frank Gaines, former mental health commissioner: "There has been a decrease in resident population of all hospitals in the past year in spite of the increasing admissions. We are hesitant to ascribe this completely to the tranquilizing drugs, since during this time there was also an increase in staff."

MONTANA

Dr. Robert J. Spratt, Superintendent, Montana State Hospital: For the first time in the history of the hospital, there has been a definite decrease in the number of hospitalized personnel. Hospital stays are shorter, he reported, and patients suffering from chronic conditions are more satisfied and contented with hospitalization.

COLORADO

Dr. F.H. Zimmerman, Superintendent, Colorado State Hospital: "For the first time in the history of the hospital, the census has declined in spite of a slowly increasing rate of admissions."

VERMONT

Dr. R.A. Chittick, Superintendent, Vermont State Hospital: "The tranquilizing drugs are certainly not the complete answer but, in my opinion, they stand out as one of the greatest advances so far in the treatment of mental illness. The most tangible results of these drugs has been the marked improvement of the environment within the hospital. Physical restraint and seclusion have been practically eliminated and there is a marked increase in the number of patients who can be gainfully occupied and given increasing freedom about the hospital grounds or have visits at home."

ILLINOIS

Dr. Otto Bettag, Director, Public Welfare Department: The discharge rate from Illinois mental hospitals is now at the highest peak since World War II. Illinois was one of the first states to use the drugs, starting its program in November, 1953. An evaluation study is currently under way.

DELAWARE

Dr. M. A. Tarumianz, Superintendent, Delaware State Hospital: "In our experience, a large percentage of all types of mental illness and emotional disturbance respond to these tranquilizing drugs to the extent that they can receive continuous psychotherapy and follow-up at home. With the use of these drugs, and with follow-up psychotherapy in the hospital and in the out-patient clinic as well as at home, the period of hospital residence has been shortened ten-fold."

OKLAHOMA

Dr. Hayden H. Donahue, Mental Health Director: "It is my personal opinion that these drugs hold the same position in psychiatry as the sulfa drugs held in medicine and surgery in the 1930's. I think we will see an increased number of these drugs produced and, as they become more numerous in type, they will become more specific for various mental conditions. As treatment time becomes shorter, and as mental illness becomes more acceptable as a disease process, we will see more and more patients treated in community clinics, general hospitals and in the offices of practicing physicians and psychiatrists."

CONNECTICUT

Dr. John J. Blasko, Mental Health Commissioner: "We do not feel that the drugs have appreciably increased our discharge rates although, for the first time in the history of the state, we have been able to reverse the usual trend of the accumulation of 148 patients each year."

TEXAS

Dr. Rawley E. Chambers, Director of Psychiatry, Board for Texas State Hospitals and Special Schools: While exact figures are not available, the discharge rate has increased, with particular emphasis on patients who have been hospitalized for five years and more.

"These drugs have practically revolutionized the hospital treatment of the mentally ill," Dr. Chambers wrote. "The entire atmosphere of the hospitals has changed. There are fewer injuries; there is less use of the various shock therapies, such as electroshock and insulin coma."

NEW MEXICO

Dr. C. G. Stillinger, Superintendent, New Mexico State Hospital: Calling results with the drugs "rather dramatic", Dr. Stillinger cited one research experiment with the drugs in which 90 patients who had been hospitalized anywhere from one to 27 years, and who had not benefited from any other treatment, were placed on chlorpromazine. At the end of six months, about 50% had shown "significant improvement" and 33% were able to leave the hospital.

INDIANA

Dr. Margaret E. Morgan, former Mental Health Commissioner: "We have encountered a remarkable increase in discharges, convalescent leaves (over 30 days) and leaves of absence (30 days or under). Undoubtedly, the drugs have played some part. How much is difficult, if not impossible, to tell."

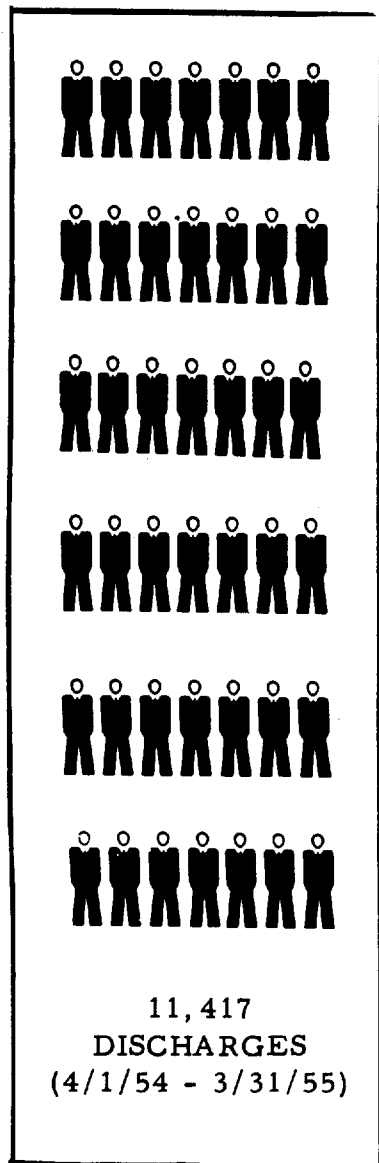
UTAH

Dr. Owen P. Heninger, Superintendent, Utah State Hospital: "We have found these drugs to be very helpful. Through their use, many chronic patients have been released and others have been made much more easily manageable and content."

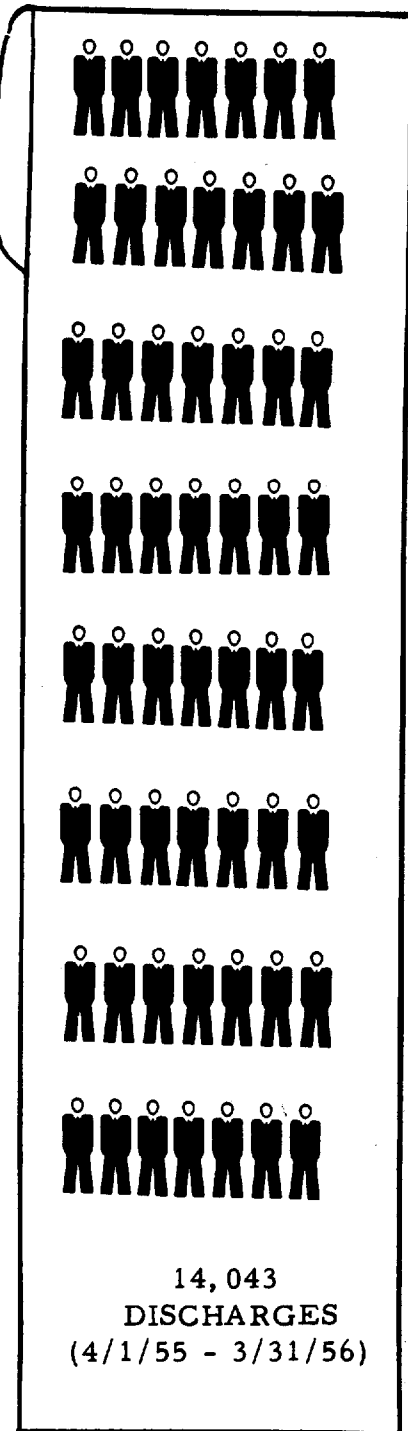
2. The need for the hospitalization of patients in mental hospitals in the South with pellagra is practically eliminated as a result of the discovery that niacin cures pellagra. (34)
3. The number of patients with paresis due to syphilis has been sharply cut due to the medical research discovery of penicillin as treatment and cure for syphilis. (34) Between 1946 and 1954, first admissions to New York civil state hospitals because of general paresis alone declined approximately 75%. (27)
4. Electric shock therapy has helped many people suffering from certain types of schizophrenia and involucional melancholia.
5. Cretinism, which is a type of dwarfism and imbecility developing during fetal life or early infancy as a result of lack of thyroid, can now be successfully treated with thyroid if recognized early enough. (37)
6. Neurological research has produced the electroencephalograph and demonstrated the essential nature of epilepsy as a disorder of the energy and economy of brain cells, which is controllable by chemical means,

such as the drugs tridione and dilantin. The result is that 80% of all epileptics can now lead normal lives. (38)

23% MORE DISCHARGES
FROM NEW YORK
STATE MENTAL
HOSPITALS DUE TO
NEW DRUG
TREATMENTS.



23%



XXV. WHAT PERCENTAGE OF THE STATES' MENTAL HEALTH BUDGETS IS BEING DEVOTED TO RESEARCH IN THIS AREA?

1. While the States were spending in 1956 over \$662 million in total maintenance expenditures for patients in public mental hospitals (42), they are spending only 1.5% of this amount for research in mental illness.

XXVI. HOW MUCH DOES THE COUNCIL OF STATE GOVERNMENTS RECOMMEND THE STATES SHOULD SPEND FOR RESEARCH & TRAINING?

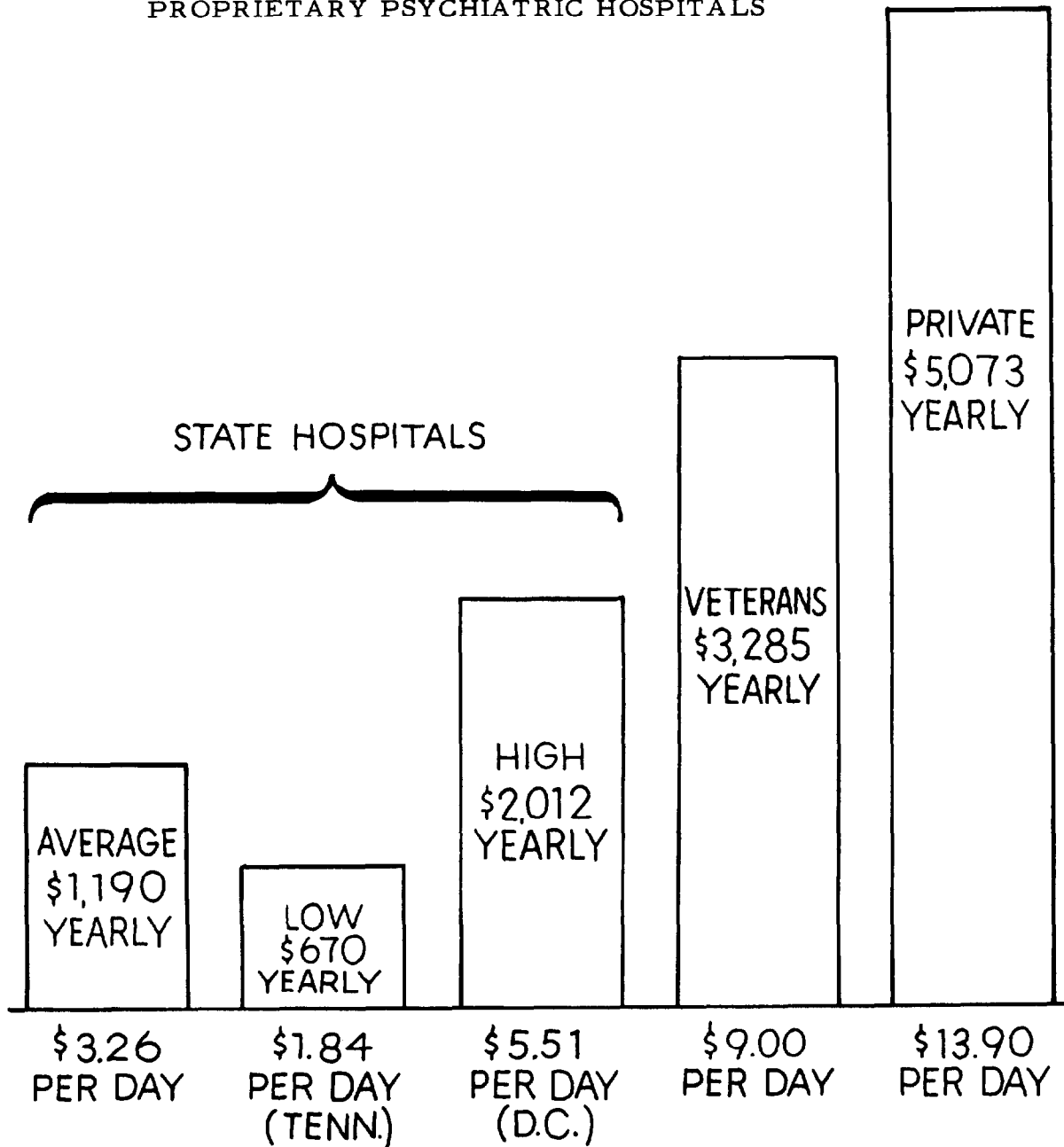
1. It was the general consensus of the National Governors' Conference on Mental Health held in Detroit Michigan, in February 1954, that 10% of each state's mental health budget should be allocated for research and training.
2. The average percentage of the States' total mental health budget which the state mental health officials feel should be devoted to research is 4% - some even suggest 7%. (23)

XVII. DO THE 740,295 PATIENTS IN MENTAL HOSPITALS RECEIVE ADEQUATE CARE?

1. NO. In 1956, the per capita maintenance expenditure in public mental hospitals in the United States was only \$1,190.32 per year (42), or about \$3.26 per day. In the same year, the District of Columbia was high with \$2,012.23; Tennessee was low with \$670.74 or only about \$1.84 per day. (42)

- a. These figures compare with the 1944 standards (latest available) of the American Psychiatric Association of \$1,825 per patient per year, or \$5 per day; and \$912.50 per year, or \$2.50 per day, per patient for chronic cases. (26)
- b. In contrast, the daily per capita expenditure for maintenance of patients was \$10.08 in veterans' psychiatric hospitals in 1956 (25) and the total expenses per patient day in proprietary mental hospitals was \$13.90 in 1955. (10)
- c. In 1955, the average expenses per patient day in general and special short-term, non-profit hospitals in the United States, where research and surgery have brought new treatments and cures for patients, were \$24.15. (10) This contrasts with \$3.26 per day per capita maintenance expenditure in public mental hospitals in 1956. (42)
 - (a) The over-all average length of stay of a patient in short-term general and special hospitals is approximately 7.8 days (10), compared with the average length of stay of a patient in a mental institution of 8 years.
- d. In one state, where expenditures rose dramatically from under \$1.00 to almost \$4.00 (per patient per day) in a 7-year period, there was a correspondingly dramatic result: the number of patients discharged within six months after admission rose about 700%. (3)

U.S. AVERAGE YEARLY AND DAILY COST
PER RESIDENT PATIENT IN PUBLIC
MENTAL HOSPITALS, VETERANS AND
PROPRIETARY PSYCHIATRIC HOSPITALS



* STATE HOSPITALS FIGURES FOR 1956 . ALL OTHERS ARE FOR 1955 .

XXVIII. WHAT ARE THE STANDARDS FOR CARE OF MENTAL PATIENTS?

1. The latest approved American Psychiatric Association standards (1951) for care are: (28)
 - a. For clinical psychologists: admission and intensive treatment service, 1 clinical psychologist to each 100 patients; continued treatment service, 1-500 patients.
 - b. For physicians: admission and intensive treatment service, 1 physician to each 30 patients; continued treatment service, 1-150 patients; geriatric service, 1-150 patients.
 - c. For registered nurses: admission and intensive treatment service, 1 registered nurse to each 5 patients; continued treatment service, 1-40 patients; geriatric service, 1-20 patients.
 - d. For registered occupational therapists: admission and intensive treatment service, 1 registered occupational therapist to each 100 patients; continued treatment service, 1-500 patients; geriatric service, 1-250 patients.
 - e. For attendants: admission and intensive treatment service, 1 attendant to each 4 patients; continued treatment service, 1-6 patients; geriatric service, 1-4 patients. ("Attendants" means practical nurses, barbers, beauticians, domestics, orderlies, janitors and mess attendants.)

XXIX. WHAT ARE THE ACTUAL CONDITIONS OF CARE IN MENTAL HOSPITALS
COMPARED WITH APPROVED STANDARDS?

1. The actual average ratio in state mental hospitals in 1955 was one physician to each 201 patients and one graduate nurse to each 82 patients. (51)

XXX. WHAT ARE THE CHANCES OF RECOVERY FOR PEOPLE WHO BECOME
MENTALLY ILL?

Prior to the more extensive use of the new tranquilizing drugs, the chances of recovery were as follows: Statistics on discharges and rates of improvement as a result of treatment with the new drugs cannot be accurately estimated at the present time.

1. Only about 40% of the patients admitted to state mental hospitals are discharged within a 5 year period. (11)
 - a. Of the patients who are discharged, about 90% are regarded as improved or recovered. (11)
2. The most probable duration of hospitalization for those who are eventually discharged as improved or recovered is 6 months or less.

The likelihood of discharge with favorable outcome decreases sharply after 2 years, and reaches a very low point by the end of 5 years. (11)
3. The 40% discharge rate does not apply equally to all mental illnesses. (11)
 - a. In the case of cerebral arteriosclerosis, only 18% of the patients

with this disorder were discharged within the 5-year period. About 70% of the group died. (11)

4. In the average state mental hospital, about 15% of the patients have been there less than a year; about 25% have been there between 1 and 5 years; about 60% have been there from 5 to 45 years or longer. (11)

5. There are many patients remaining in mental hospitals today even though they are recovered or improved sufficiently to leave. One reason is that there is not enough hospital staff to examine them and process them for discharge. Another reason is that families & communities will not accept these patients when they are discharged, and there are no boarding homes or other facilities in the community to help them through the rehabilitation period. It is estimated that there are at least 60,000 such patients now in mental hospitals. (3)

XXI. CAN MAXIMUM TREATMENT OF THE RIGHT KIND PRODUCE BETTER RESULTS FOR A MAJORITY OF PATIENTS?

1. YES!

a. The Boston Psychopathic Hospital in Boston, Massachusetts, and the Topeka State Hospital in Topeka, Kansas, have been able to discharge 80% of their patients as improved or recovered within the first year. (40)

XXXII. HOW MANY DOCTORS AND OTHER MEDICAL PERSONNEL SPECIALIZE
IN THE CARE OF MENTAL PATIENTS?

1. In 1956 there were 9,295 psychiatrists in the United States who were members of the American Psychiatric Association. Of these, about 2,700 are administrators, superintendents and commissioners (some of these undoubtedly practice part time). (29)
 - a. It is estimated that not much more than 1% to 2% - 85 to 170 - of these devote themselves to child psychiatry. In other words, there are about 50 times as many psychiatrists for the adults as there are for children. (40)
2. Only 5,235 psychiatrists hold diplomas from the American Board of Psychiatry and Neurology, though some of these are not members of the American Psychiatric Association. (30)
3. There are approximately 13,652 graduate nurses employed in psychiatric hospitals in the United States (10); 3,581 practical nurses, 9,667 nurses' aides, and 92,286 attendants (10); and 2,671 registered psychiatric social workers. (31)
 - a. There are about 1,470 full-time and 115 part-time medical social workers employed in psychiatric hospitals in the United States. (10)
4. There are 1,247 members of the American Psychological Association who are diplomates of the American Board of Examiners in Professional Psychology. This is the highest rating obtainable in psychology, and the number includes persons who have specialized in

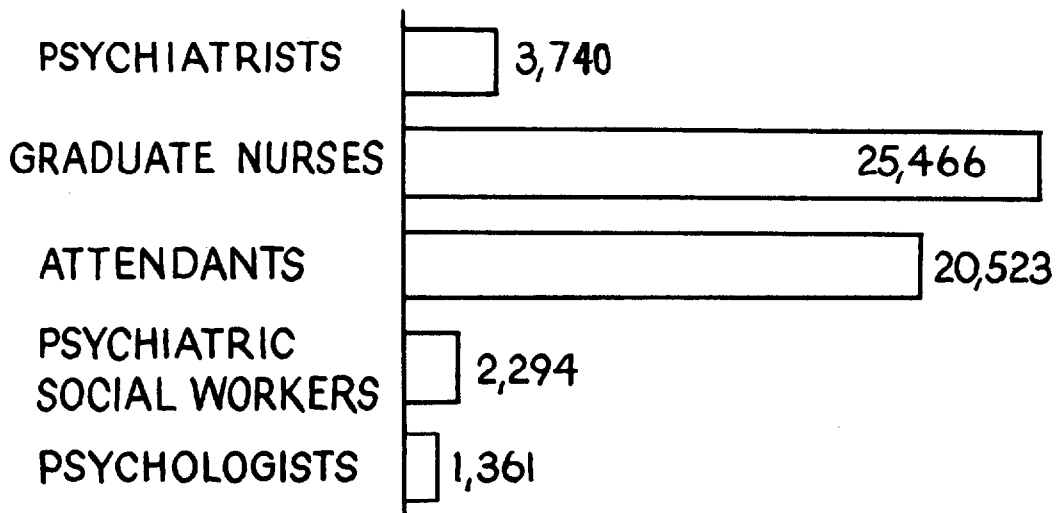
clinical, counseling, or industrial psychology. Of these 1,247 diplomates, 844 are in clinical psychology. (41)

XXXIII. WHAT ARE THE SHORTAGES IN PSYCHIATRIC PERSONNEL?

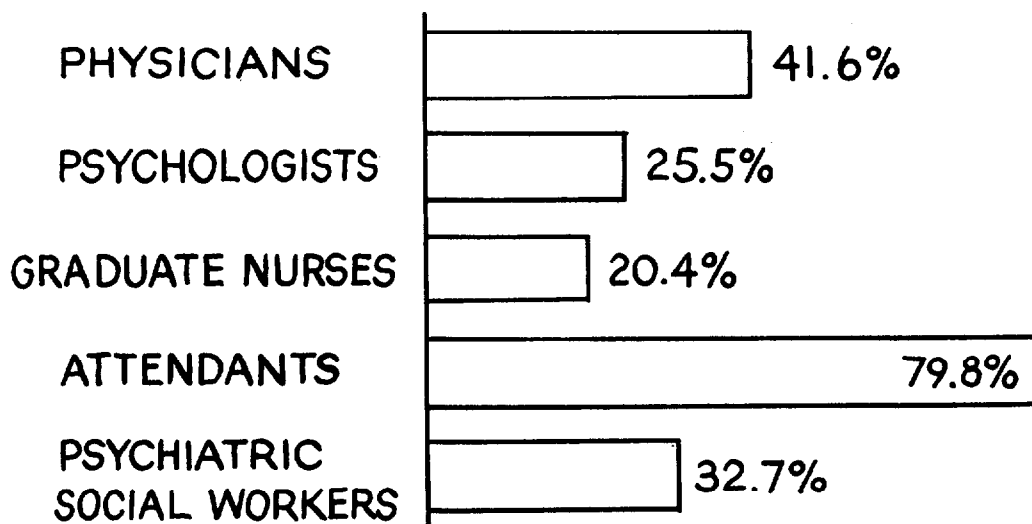
1. The current need for psychiatrists is estimated between 10,000 and 20,000 more psychiatrists. (23)
 - a. In order to meet the minimum standards for care of the American Psychiatric Association, an estimated 3,740 more psychiatrists were needed in 1955 in our State-supported mental hospitals alone. (28) (51)
2. The current need for clinical psychologists is estimated at at least 10,000 more. (33)
 - a. Based on the minimum standards for care of the American Psychiatric Association, the shortage of psychologists in 1953 in State-supported mental hospitals alone was estimated at 1,361. (28) (51)
3. Other psychiatric personnel shortages in State-supported hospitals for the mentally ill are as follows: (28) (51)

a. Graduate nurses	25,466
b. Attendants and other nurses	20,523
c. Psychiatric social workers	2,294
4. Thus, our State mental hospitals today have only: (51)
 - 41.6% of the physicians they need;
 - 25.5% of the psychologists needed;

PSYCHIATRIC PERSONNEL NEEDED IN OUR STATE MENTAL HOSPITALS-1955



OF THE PERSONNEL NEEDED, OUR STATE MENTAL HOSPITALS HAVE ONLY-



20.4% of the graduate nurses needed;

79.8% of the attendants & other nurses needed;

32.7% of the psychiatric social workers needed.

XXXIV. WHAT PROGRESS CAN BE REPORTED IN STATE MENTAL HEALTH PROGRAMS?

1. In 1956, for the first time in history, there was a reduction under that of the previous year in the number of resident patients in state mental hospitals. (42)
 - a. At the end of 1956, there were 552,186 patients in the state hospitals, a reduction of approximately 7,000 under the figure at the close of 1955. (42)
2. Since 1945, when figures on mental hospital population were first collected on a national scale, there has been an average increase of 10,000 patients each year in the total mental hospital load. Thus, in the short period of a decade, state legislatures have been faced with the back-breaking task of financing the construction and maintenance of 100,000 new beds. (42)
3. This dramatic reduction in hospitalized mental patients was achieved in spite of the fact that 1956 was a record year for admissions to mental hospitals - 186,031 mental patients were admitted in 1956, as against 177,998 in 1955 and only 115,387 in 1945. (42)
4. That the 1956 reduction was no statistical fluke is obvious when it is

noted that 34 states and the District of Columbia reported mental hospital populations reduced under those of 1955. (42)

XXXV. WHAT HAS CAUSED THIS REDUCTION IN THE NUMBER OF RESIDENT PATIENTS IN OUR STATE MENTAL HOSPITALS?

While it is difficult to give an exact statistical weight to the many factors responsible for this remarkable reduction, there is extensive statistical documentation for the conclusion that increased state legislative appropriations to provide intensive treatment with new tranquillizing drugs, and more medical personnel to provide treatment, have now begun to pay off in dramatic fashion, and have finally achieved the cumulative force needed to reverse the seemingly inevitable annual rise in mental hospital populations: (42)

- a. In 1945, the average daily expenditure on each mental patient was \$1.06. In 1956, this had risen to \$3.26, more than triple the 1945 figure and a considerable increase even when the rising cost of living is taken into account.
- b. In 1945, there was one full-time employee for every 6.8 patients; in 1956, there was one full-time employee for every 3.6 patients. This doubling of the ratio of employees to patients was achieved in spite of a staggering increase in the total number of patients hospitalized.
- c. In spite of the tremendous shortages which still exist, there have been the following increases in psychiatric personnel during the

past decade, largely the result of increased salaries and a great expansion of budgeted positions; they are probably the most significant evidence of the manner in which state legislatures gave the mental hospitals the increased treatment potential needed to step up discharge rates:

Superintendents and Physicians (including psychiatrists, residents and interns)

1945 - 1,458	1955 - 2,659
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Psychologists & psychometrists

1945 - 69	1955 - 465
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Social Workers & field workers

1945 - 410	1955 - 1,280
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Graduate Nurses

1945 - 2,583	1955 - 6,256
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Other nurses & attendants

1945 - 33,147	1955 - 77,232
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2. All of the foregoing factors lead to a decade-long rise in the discharge rate - a rise so gradual that it was frequently obscured by the rising flood of admissions. In 1945, the mental hospitals discharged 123 patients for every one thousand on the hospital books; by 1954, they were discharging 175 patients for every one thousand on the hospital books. And in 1956, a number of the top state mental hospitals in the country were discharging from 65% to 80% of their first admissions. (42)

XXXVI. WHAT ARE SOME OF THE URGENT NEEDS IN THE MENTAL HEALTH FIELD?

1. More funds for research from Federal and State governments and voluntary agencies to discover cures and better methods of care and treatment.

Additional expenditures in this field will produce the means for reducing the number of people developing serious mental disorders causing prolonged hospitalization and costly treatment.

2. Training of additional psychiatrists, psychiatric social workers, nurses to take more efficient care of the increasing numbers of mentally ill.

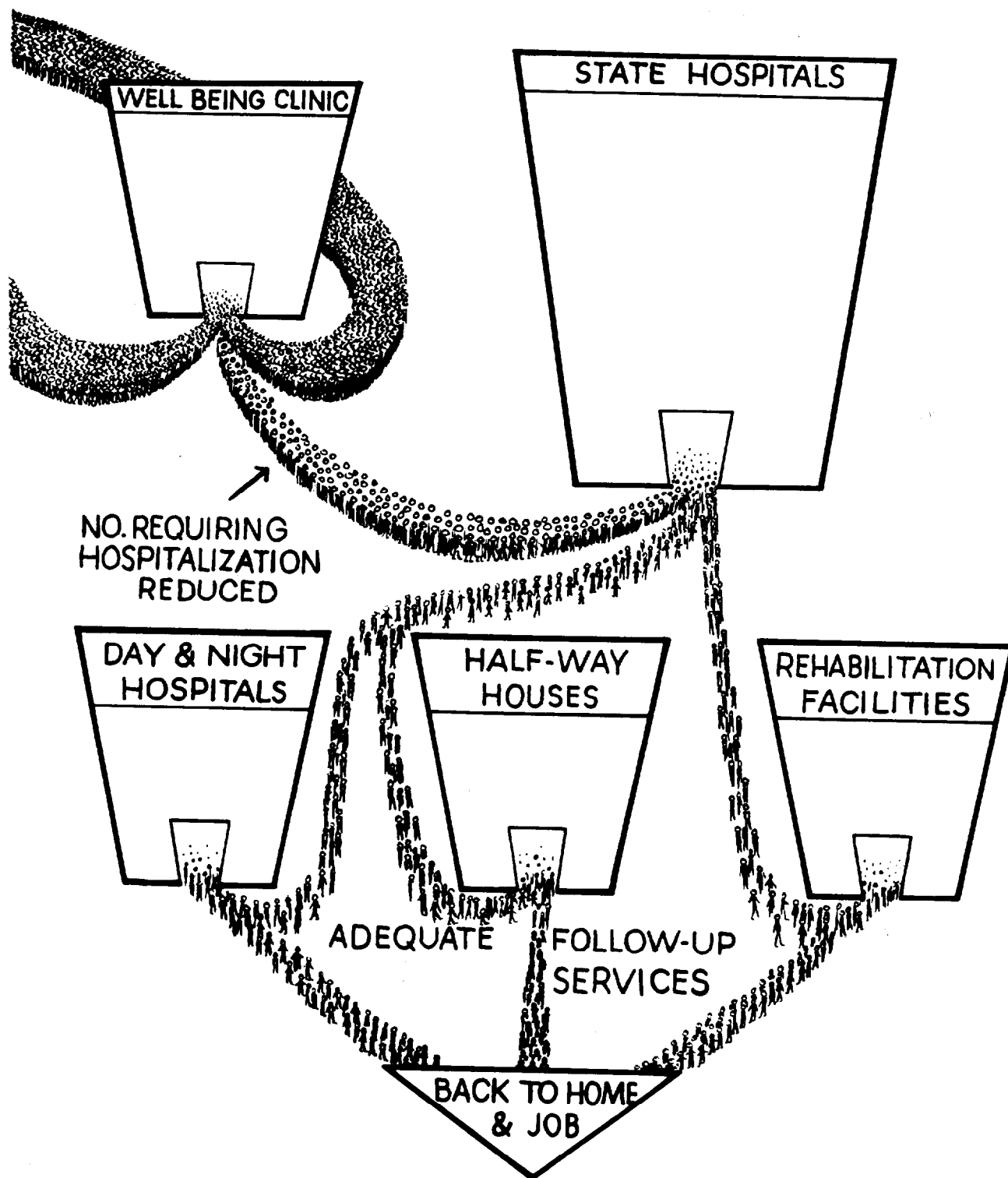
3. Construction of additional facilities to relieve overcrowding conditions.

4. More funds are needed for the construction of research facilities.

- a. The National Institute of Mental Health of the U. S. Public Health Service has requests on hand totaling \$22,253,128 from 49 institutions throughout the country to increase their laboratory facilities for research in mental illness. (39)
- b. In 1956, Congress passed legislation providing \$30 million a year for each of three years on a matching basis to research institutions all over the country to help meet this backlog of urgently needed research laboratory facilities. However, how much of these funds will be spent in the area of mental illness research is not known at this time.

5. Development of outpatient services is a striking advance and greatly to be encouraged. The techniques of treating patients in outpatient clinics have so advanced that it is probably safe to say that as many as 1/3 of the patients who are now treated successfully in the clinics would several years ago have been regarded as suitable only for hospital treatment. Treatment in an outpatient clinic is obviously less costly than hospitalization and provides the great therapeutic advantage of allowing the healing process to take place in the same environment in which the illness originated, avoiding the violent transition from community to hospital to community again. (35)

NEW TYPES OF COMMUNITY FACILITIES FOR MENTAL PATIENTS



REFERENCE LIST

- (1) "A Survey of Mental Disease in an Urban Population". Baltimore survey by Commission on Chronic Illness. Reported October, 1956 to the American Public Health Association.
- (2) Statement "Mental Illness" in Hearings before the Committee on Interstate and Foreign Commerce, House of Representatives, 83rd Congress, 1st Session, on The Causes, Control, and Remedies of the Principal Diseases of Mankind, Part 4, Oct. 7, 8, and 9, 1953.
- (3) Data from National Association for Mental Health: "Facts About Mental Illness", January 1956.
- (4) "Every Other Bed" by Mike Gorman, Executive Director, National Mental Health Committee, Washington, D.C. The World Publishing Co., 1956.
- (5) Dr. Martin M. Cummings, Director of Research Service, Research & Education, Department of Medicine & Surgery, Veterans Administration, Washington, D.C., per phone call, December 21, 1956.
- (6) National Mental Health Committee, Inc., Washington, D.C.
- (7) "The Child Nobody Knows", a publication of the Nat'l. Association for Retarded Children, New York, 1954.
- (8) 1956 Survey of Consumer Finances, The Financial Position of Consumers, reprinted from the Federal Reserve Bulletin, June 1956. Average money income before taxes, 1955-\$4,650. Income tax loss estimate based on assumption that each earner would claim, on the average, two dependents, thus paying on a \$4,650 annual income approximately \$612 in Federal income taxes.
- (9) National Office of Vital Statistics, Washington, D.C.
- (10) "Hospitals" August 1956, Part II, published by the American Hospital Association, Chicago.
- (11) Data from National Assn. for Mental Health: "Facts and Figures About Mental Illness & Other Personality Disturbances", April 1952.
- (12) "The Mental Health Programs of the 48 States" - Council of State Governments, published 1950; pp. 40, 114, 128, 134, 295, 329.
- (13) "Causes of Death Among College Students", by Henry M. Parrish, M.D., M.P.H., Public Health Reports, Vol. 71, No. 11, November, 1956.

- *(14) Dr. Wm. C. Menninger quoting B. Mittelman et al.: Personality and Psychosomatic Disturbances in Patients in Medical and Surgical Wards, Psychosomatic Medicine, 7: 220-223; July, 1945.
- (15) "Building Study Reveals Significant Trends", from Mental Hospitals, September, 1956.
- (16) Dr. J.F. Casey, Director of Psychiatry and Neurology Service, Veterans Administration, Washington, D.C., December 12, 1955.
- (17) 1955 Annual Report, Nat'l. Association for Mental Health.
- (18) Dr. Robert Felix, Director, National Institute of Mental Health, Nat'l. Institutes of Health, U.S. Public Health Service, Washington, D.C., in testifying before the House Subcommittee on Appropriations for Dept. of Health, Education & Welfare, January 31, 1952.
- (19) Congressional Record, June 6, 1956.
- (20) Budget of the U.S. Government, 1958. Page 665. National Institute of Mental Health, U.S. Public Health Service, Program & Financing, Fiscal 1957 Estimate:

Program by Activities:

1. Grants:

a. Grants for research projects	\$ 8,572,000
b. Research fellowships	647,000
c. Training grants	12,000,000
d. Grants-in-aid to States	4,000,000

2. Direct Operations:

a. Research	4,896,000
b. Review & approval of grants	516,000
c. Training activities	76,000
d. Professional & technical assistance	1,227,000
e. Administration	398,000

Total Obligations	\$32,332,000
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Financing:

Comparative transfers from (-) other accounts	-54,000
Unobligated balance no longer available	2,919,000

<u>Appropriation, fiscal 1957</u>	\$35,197,000
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- (21) National Mental Health Act, 1946.
- (22) National Association for Mental Health, New York, N. Y. Figures for 1955.

- (23) "Training & Research in State Mental Health Programs", published in 1953 by The Council of State Governments, Chicago, Ill.
- (24) From a survey compiled and published annually by "Drug Topics", Topics Publishing Co., Inc., New York, N. Y., August 1956.
- (25) Martin M. Cummings, M. D., Director of Research Service, Research and Education, Department of Medicine and Surgery, Veterans Administration, Washington, D. C., January 28, 1957.
- (26) National Committee for Mental Hygiene, 1947 Annual Report, p. 11.
- (27) New York State Dept. of Mental Hygiene, Albany, N. Y.
- (28) "Standards for Psychiatric Hospitals & Clinics" - A. P. A. Mental Hospital Service, Washington, D. C. - 1956.
- (29) American Psychiatric Association membership as of October 1956, per Austin Davies, Executive Assistant.
- (30) Letter dated October 13, 1956 from David A. Boyd, Jr. M. D., Sec'y-Treasurer, American Board of Psychiatry and Neurology, Rochester, Minn.
- (31) Membership of Psychiatric Social Work Section, Nat'l. Association of Social Workers, Inc., October 30, 1956.
- (32) New York Times, Jan. 30, 1955: "V. A. Lacks Space for Mental Cases."
- (33) Data from National Association for Mental Health, "For the First Time - United National Action for Mental Health", October 1950.
- (34) National Mental Health Committee, Washington, D. C.
- (35) Statement of Daniel Blain, M. D., Medical Director, American Psychiatric Association, before House Interstate and Foreign Commerce Committee hearings, October 8, 1953, Washington, D. C.
- (36) "Patients in Mental Institutions, 1953", Part I, Public Institutions for Mental Defectives and Epileptics. Prepared by Biometrics Branch, Nat'l Institute of Mental Health, Washington, D. C.
- (37) Textbook of Medicine, Eighth Edition, by Dr. Robert F. Loeb and Dr. Russell L. Cecil, p. 1228.
- (38) Statement made by Dr. Pearce Bailey, Director, Nat'l. Institute of Neurological Diseases & Blindness, Nat'l. Institutes of Health, U. S. Public Health Service, Washington, D. C., 1952.

- (39) "Summary of Construction Grant Requests", National Institutes of Health, U.S. Public Health Service, Sept. 24, 1953.
- (40) Personal communication from Dr. Karl Menninger, The Menninger Foundation, Topeka, Kansas, dated April 15, 1954.
- (41) Bruce V. Moore, Executive Officer, Education & Training Board, American Psychological Association, 1333 Sixteenth Street, N. W., Washington 6, D.C., in letter dated December 26, 1956.
- (42) Interstate Clearing House on Mental Health, Council of State Governments, Chicago, Illinois. "Selected Tables on Resident Population, Finances, and Personnel in State Mental Health Programs." December, 1956.
- (43) Annual Report, 1955, Standard Oil Company (New Jersey).
- (44) Unpublished data from schedules submitted for the Census of Mental Patients. Data are provisional and may be subject to change. Prepared by Hospital Reports and Records Unit, Current Reports Section, Biometrics Branch, National Institute of Mental Health, November, 1956.
- (45) Public Health Service Division of Hospital and Medical Facilities. Information obtained by Harold P. Halpert, Chief, Publications & Reports, Office of the Director, National Institute of Mental Health, Bethesda, Md., December 7, 1956.
- (46) Department of Veterans Benefits, Veterans Administration, Washington, D.C., per letter dated December 7, 1956 from A.H. Monk, Controller.
- (47) Budget of the U.S. Government for fiscal year 1957, p. 702. 1956 estimated average number of recipients per month of aid to the permanently and totally disabled: 248,000; the estimated average monthly payment in 1956 was \$55.91.
- (48) Sidney Spector, Director, Interstate Clearing House on Mental Health, Council of State Governments, Chicago, Illinois, in letter dated February 16, 1956.
- (49) Foundations' Fund for Research in Psychiatry (251 Edwards Street, New Haven 11, Connecticut), Max M. Levin, Ph.D., Executive Officer, in letter dated October 12, 1956.
- (50) The Ford Foundation, 477 Madison Avenue, New York, New York, in News release dated June 24, 1956.
- (51) American Psychiatric Association, Washington, D.C. Information prepared January 17, 1957, by Joint Information Service, APA-NAMH.

- (52) "Facts About Mental Illness", National Association for Mental Health, New York, May 1954.
- (53) "Movement of Population, Summary, for all Mental Institutions, By Type of Hospital or Institution, By Control, for the U. S. 1954", Joint Information Service, American Psychiatric Association-National Association for Mental Health, January 8, 1957.
- (54) Veterans Administration Budget Report Submitted to Congress, January, 1957.

* From "Challenge to Psychiatry", a paper compiled by Dr. Wm. C. Menninger.

Grateful acknowledgment is made to the Biometrics Branch of the Nat'l. Institute of Mental Health, U. S. Public Health Service, for their help and cooperation in the preparation of this fact sheet.

NATIONAL COMMITTEE AGAINST MENTAL ILLNESS, INC.

(FORMERLY NATIONAL MENTAL HEALTH COMMITTEE)

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Purpose: Through a broad educational campaign, to create public understanding and support of the 10-point Bill of Rights for the mentally ill adopted by the 1954 National Governors' Conference on Mental Health. To convince the American people to actively support federal, state and local preventive mental health programs emphasizing research, training and expanded clinic and community services designed to treat and cure mental illness in its early stages.